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SEP 01 2006

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29053 7590 08/29/2006

**DALLAS OFFICE OF FULBRIGHT & JAWORSKI L.L.P.**  
**2200 ROSS AVENUE**  
**SUITE 2800**  
**DALLAS, TX 75201-2784**

09/06/2006 MBELETE2 00000062 09927891

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.   | CONFIRMATION NO. |
|-----------------|-------------|----------------------|-----------------------|------------------|
| 09/927,891      | 08/10/2001  | Jim Feeley           | 59184/P002US/10026564 | 4788             |

TITLE OF INVENTION: BTE/CIC AUDITORY DEVICE AND MODULAR CONNECTOR SYSTEM THEREFOR

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|                       |                    |
|-----------------------|--------------------|
| Scott Matthews        | (Depositor's name) |
| <i>Scott Matthews</i> | (Signature)        |
| September 1, 2006     | (Date)             |

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$700         | \$300               | \$0                  | \$1000           | 11/29/2006 |
| EXAMINER       |              | ART UNIT      | CLASS-SUBCLASS      |                      |                  |            |
| ENSEY, BRIAN   |              | 2615          | 381-380000          |                      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 Fulbright & Jaworski LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hear-Wear Technologies, LLC

Tulsa, OK

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Craig J. Cox*

Date September 1, 2006

Typed or printed name

Craig J. Cox

Registration No. 39,643

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# TRANSMITTAL FORM

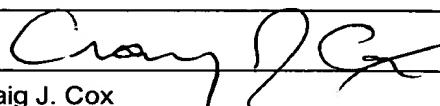
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|--|----------------------|------------------------|-----------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/927,891-Conf. #4788 |                       |
|  | Filing Date          | August 10, 2001        |                       |
|  | First Named Inventor | Jim Feeley             |                       |
|  | Art Unit             | 2646                   |                       |
|  | Examiner Name        | B. Ensey               |                       |
| Total Number of Pages in This Submission   | 3                    | Attorney Docket Number | 59184/P002US/10026564 |

## ENCLOSURES (Check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br><br>Part B Issue Fee Transmittal (2<br>pages; 1 original, 1 copy)<br>Check in the amount \$1000.00<br>Return Receipt Postcard |
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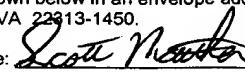
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | FULBRIGHT & JAWORSKI L.L.P.   |          |        |
| Signature    |  |          |        |
| Printed name | Craig J. Cox  |          |        |
| Date         | September 1, 2006   | Reg. No. | 39,643 |

### Transmittal

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Dated: September 1, 2006

 Signature:  (Scott Matthews)